Meeting Summary

eHealth Technical Advisory Committee
January 20, 2010 3:00-4:30PM

Please refer to the straw man technical architecture document for additional information.

Quorum:
Quorum was not achieved by the group.

Administrative Updates:
Co-chairs for the TWG have been chosen. They are Scott Cebula (Scott.Cebula@gmail.com) and Rim Cothren (rcothren@cognosante.com). Additionally, Rim will be serving as the TWG liaison and will be regularly attending TAC meetings.

TAC members are welcome to attend TWG meetings at any time. Those interested should contact Peter (phung@sujansky.com) to be placed on the TWG distribution list.

Review of Project Timeline:
Walter briefly reviewed the immediate project timeline with the group. At this point in time, the project is two weeks behind the original timeline. The revised goal is to submit the initial draft of the straw man technical architecture to the Public Review Group for comment by 1/21. Incorporating feedback from PRG, a second draft will be circulated around 2/7, whereupon additional comment will be solicited from PRG in order to produce a final draft that will be submitted to CHHS on 2/21. This timeline is necessary so that the technical architecture can be incorporated into the state operational plan with time for a public comment period, revision, and submission to ONC by 3/31

TAC In-Person Meeting:
TAC will be having a face-to-face meeting on Wed. 2/3 10am-2:30pm at the California Health Care Foundation in Oakland. The timing of the TAC face-to-face meeting on 2/3 is such that comments from PRG on the first draft can be incorporated as TAC advances its own thinking in preparation for the next draft.

Key Questions about Straw Man Technical Architecture:
The group discussed several questions put forth to TAC by TWG pertaining to critical issues requiring resolution in the Straw Man Technical Architecture. Please refer to the appropriate section of the draft document for additional details.

Should a registry for patients/consumers be among the shared services developed under the HIE Cooperative Agreement Program? (Section 4.3.4.1, p. 19)
As proposed by the TWG, the currently included Registry Service expressly does not include patients and consumers as this is viewed as being out of scope for the core CS-HIE Services at this time.

After a prolonged discussion, the group came to general agreement to support the following statement to be inserted in Section 4.3.4.1:

"The Registry Service is not intended to be a registry of patients or consumers, nor to provide for the provisioning of patients and consumers for purposes of electronic transactions. This role is out of scope for the core CS-HIE Services at this time. A registry of consumers/patients may be defined as part of the CS-HIE Service architecture in the future."

Main themes that arose from the discussion prior to agreeing to the preceding statement are described below.

- Patient identity management was discussed as an important component of HIE. A key question that remains unanswered is whether patient identity would best be handled at a statewide level or at a local/regional level.
    - Lucia Savage shared with the group that Rhode Island, Indiana, and Tennessee had built master patient indices based upon the eligibility files of payers, and felt that such an approach might work for California. Jeff Guterman noted that the risks/benefits differ dramatically between solutions that provide fully automated identity reconciliation and one that requires human intervention. Additionally, it would be a challenge to incorporate the individuals who do not have any payer record at all (2.5 million people in LA county alone).
    - John Mattison mentioned that the NHIN does not currently offer a patient identification matching service. However, this may be added in the future. The current NHIN specification does include a placeholder for a VUHID.
    - Laura Landry stated that she would support a VUHID-based patient identity service.
- Members voiced various ideas and opinions about patient consent management. Like consumer identity management, capturing of patient preferences could either be centrally or locally managed.
    - Lucia Savage expressed that while complicated to work through, a centralized consent management service would be important to offload the significant administrative burden that would otherwise be borne by small physician practices.
    - Laura Landry felt that the decision to offer such a service would depend upon the purpose of the CS-HIE infrastructure and whether there would be reliance on local/regional resources such as HIOs to provide consent management.
    - John Mattison shared that NHIN's approach to consent management involves respecting the local autonomy of the organization to obtain patient preferences according to institutional policies. Once a patient has given consent, the corresponding node on the NHIN announces that the patient has records in that institution to share.
- It became apparent during the discussion that members of the group were unclear that the purpose of the Registry Service is to provide a trusted directory containing the validated identity and relevant attributes of the principals who may engage in HIE transactions, which includes the

health care entities through which patient data may be shared. Some members of the group suggested changes to some of the terminology used in order to improve clarity and avoid confusion. In particular:

  - Lucia Savage advised against using the term "credentialing" since this term is commonly used to denote the process of establishing the qualifications of a provider (by health plans, for instance).
  - Laura Landry suggested changing the term "Registry Service" to something more specific such as "Trusted Entities Service" in order to avoid confusion with concepts such as immunization registries.
  - Jeff Guterman asked that the document contain definitions of the technical terms used to clarify and disambiguate meaning, since the same terms are often used in other contexts to mean different things.

- A concern was raised by Terri Shaw and Lucia Savage regarding whether consumers would be able to gain access to and share their health data if the registry did not include consumer identities. Additionally, Wayne Sass asked whether the proposed registry is consistent with the principle that "Patients and their families should be considered among the consumers and primary beneficiaries of HIE services and the meaningful use of Health I.T., and their needs should guide aspects of the design." However, as pointed out by Laura Landry and Walter, a registry of trusted health care entities in fact provides a way for consumers to share their health information among those trusted entities, e.g. their physician and a PHR vendor. In response to this, a suggestion was made to add an explanation in the document of how the architecture promotes consumers' access to, and sharing of, their health information with trusted entities.

Do we wish to specify a registry and a provisioning/authorization process for all parties to HIE transactions, including individual physician and administrative personnel who may engage in HIE? (Section 4.3.4.1)

TWG recommended that this process not include individuals, but instead remain at the level of organizations and systems ("entities") and delegating end-user authentication to the organizations to which the users belong. In this scenario, entities that would engage in HIE trust the CS-HIE Services to properly authenticate counterparties at the organization level, while trusting the organizations themselves to properly authenticate their own users.

The key issue discussed was whether the system-level trust framework created by the described CS-HIE Services would provide enough trust to enable HIE, or whether an individual-level provisioning and authentication service would be required before organizations agree to share data. In general, members were of the opinion that system-level trust would suffice. The following points were raised.

- As a point of clarification, Wayne Sass asked whether the situation being described is analogous to pass-through authentication, where a user who has been authenticated in Domain A can gain access to a resource in Domain B by having the user's authentication passed through from A to B because B trusts A. Walter confirmed that the present situation is similar, except that here there are thousands of potential data trading partners who do not know each other that nevertheless must trust each other.

- Lucia Savage noted that the current security guidelines defined by Cal PSAB establish that for a transaction involving an entity and a counterparty, if the user making the data request has been authenticated by the entity, this is a sufficient level of authentication for the counterparty. Thus, since organizations would be following these guidelines, offering additional individual authentication would be superfluous.
- Two principles in the TAC charter were brought up as germane to the discussion. Wayne Sass highlighted Principle #10, which states that the architecture should leverage to the extent possible existing IT assets, suggesting that this would drive the decision towards trusting the methods of authentication already in place at the local level. Walter pointed out, however, that another proposed principle in the document is that the HIE infrastructure must be perceived as secure by the principals and enterprises engaged in HIE, leading to the question of whether existing systems would be sufficient to engender this perception.
- Walter clarified that adding individuals to the trust framework would indeed be going beyond the proposed security rules, but might be necessary to engender trust. In his particular experience with the Santa Barbara Care Data Exchange, system-level trust was insufficient particularly for large organizations (including a large hospital chain and a national reference laboratory) such that they demanded detailed and difficult to negotiate data use agreements to compensate for that lack of trust (e.g., by including unlimited indemnity provisions).
- Laura Landry relayed a different experience with LBNH, stating that it may be that the trust landscape has changed since the Santa Barbara experience four years ago. CEOs of large organizations (including a national laboratory) along with their compliance and legal staff have agreed to system-level trust and signed data use agreements with LBNH as the HIO. LBNH trusts organizations who have signed data use agreements to have properly authenticated their users according to organizational policies and processes. Liability is enforced through the data use agreement.
- Tim Andrews asked what Medi-Cal's stance would be, since in his experience with two other state HIE initiatives, Medicaid was unable to accept authentication via an intermediary, instead insisting upon direct individual-level authentication of providers. Kim Ortiz expressed a general posture of openness to making the architecture as described work with Medi-Cal and MMIS, and felt that doing so was likely a matter of technical detail. She mentioned that their current RFPs with financial intermediaries require the ability to interoperate with a statewide HIE. Rim Cothren also mentioned that the MITA architecture supported by CMS is moving towards adopting a similar model of trust as proposed in the CS-HIE Services architecture. A meeting next week between Walter and DHCS technical staff will be taking place, where these issues can be more fully explored.

After discussion, the group agreed to the following statement:
"Principals to HIE transactions who are end users need not be registered in the registry-of-trusted-entities, and that counterparties to HIE transactions will trust entities to reliably provision and authenticate their end users when they participate in these transactions."

Should a principal that has indicated support for one or more transaction types in the Routing Service be required to at least support the specified standard communication protocol designated by CS-HIE for each of those transaction types? (Section 4.3.4.2; see 4.3.6.2 for standards.)

There was a great deal of confusion among group members about what was being proposed. Essentially, creation of the proposed rule is motivated by the desire to encourage standardization among entities engaged in HIE, while not going so far as to require the actual use of those standards. To do so, entities are required to technically support the designated standard for a particular transaction type if they publish via the CS-HIE architecture that they support that transaction type, but are free to also support and use other protocols instead of the standard.

- Lucia Savage felt that the incentive for standardizing is unclear, and how an entity would make a business decision to use or not use the service is also unclear.
- John Mattison voiced his support for the overall approach of specifying a single standard whenever there is a choice of multiple standards.

Given constraints on time, Walter suggested that the draft document retain the question as unanswered for the time being, and that feedback be solicited from the Public Review Group on this issue while at the same time reserving the right for TAC to make a decision on the issue at a later point. The group was in agreement of this approach.

General Suggestions:

Participants felt that it was difficult to understand how the various architectural components would be used. There was a suggestion from the group to create examples that would illustrate the business case of using the architecture and would assist in understanding the value of the proposed services. Co-chairs felt that this additional work should be done prior to sending the draft out to the PRG, since this would greatly assist in providing context and improving understanding.

Wayne Sass also suggested that moving forward, any questions posed to the TAC by TWG be prefaced by a brief introduction by the TWG liaison to provide insight into TWG's thinking and to properly place the question within the context of the issues that TWG was considering. There were no objections to this suggestion.

Next Steps:

- Examples to illustrate the use of the architecture will be drafted into the document over the next couple of days.
- The current goal is to distribute the draft document to the PRG for comment by the end of this week.
- Staff and technical team members from DHCS will meet next week to discuss the needs/plans of Medi-Cal and requirements for integration of Medi-Cal into the CS-HIE architecture.
- The next TAC meeting will be on 1/26, 12-1:30pm.

Summary of Key Questions/Issues/Decision Points:

- Although quorum was not achieved, meeting attendees supported the following:
    - To exclude patients/consumers from the core Registry Service, while acknowledging the possibility of adding a consumer registry to the CS-HIE architecture in the future. Also, to consider an alternative name for the service to reduce potential confusion.
    - To not require the entry of individuals into the registry, since a trust framework based on system-level trust should be sufficient to enable HIE.
- A key question remains unanswered: should an entity be required to support (but not necessarily use) communication protocols identified as CS-HIE standards for the transaction types that the entity chooses to publish in the Routing Service?

Members Present

Name	Title and Organization
Rim Cothren	TWG Liaison
Jeff Guterman	Medical Director, LA County Dept. of Health Services
Ron Jimenez	Associate Medical Director, Clinical Informatics, Santa Clara Valley Health & Hospital System
Laura Landry	Executive Director, Long Beach Network for Health
John Mattison	CMIO, Southern California Region Kaiser Permanente
Glen Moy	Sr. Program Officer, California Health Care Foundation
Elizabeth Renfree	Director of Interoperability, Sharp Healthcare
Wayne Sass	CIO and Privacy Officer, Nautilus Healthcare Management Group
Lucia Savage	Assoc. General Counsel, United Health Care
Terri Shaw	Deputy Director, Children's Partnership
Tom Williams	Executive Director, Integrated Healthcare Association

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung